MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038718

STATE FILE NUMBER

Registration District No. 363 Primary Registration District No. 6269 Registrar's No. 98

FILED OCT 14 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1120
2 1120
3 1
4 0
5 0
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9 332X
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12 90-2
13 30

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: OZARK TWP
Length of stay in 1b: 6YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: WEBSTER
c. CITY OR TOWN: MARSHFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5MI WEST — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: LEWIS Middle: LEE Last: SMITH

4. DATE OF DEATH: Month: OCT Day: 2 Year: 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-19-1892

9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: ADAM H. SMITH

13b. MOTHER'S MAIDEN NAME: MARY J. CASEBOLT

14. NAME OF HUSBAND OR WIFE:

15. (Yes, no, or unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? YES (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: MRS CLIFTON MOYER. ULYSSES. KANS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MEDULLARY PARACYSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL THROMBOSIS
DUE TO (c): ARTERIOSCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour (a.m. / p.m.) Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/1/63 to 10/2/63 and last saw her/him alive on 10/1/63
Death occurred at ABOUT 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): MD

22b. ADDRESS: Marshfield, Mo.

22c. DATE SIGNED: 10/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 10-9-1963

23c. NAME OF CEMETERY OR CREMATORY: LAKIN

23d. LOCATION (City, town, or county) (State): LAKIN KANS

24. FUNERAL DIRECTOR ADDRESS: BARBER-EDWARDS MARSHFIELD

25. DATE RECD. BY LOCAL REG.: 10-8-63

26. REGISTRAR'S SIGNATURE: L Francis

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1963

OCT 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Russ Barker

Licensed Embalmer No. 3848

P.O. Address Mtn Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.